



**CLEAR
SPRINGS
FOODS®**

JOHN R. MACMILLAN
VICE PRESIDENT

CLEAR SPRINGS FOODS, INC.
P.O.Box 712, Buhl, Idaho 83316
Phone 208 543-3462
Fax 208 543-4146

August 2, 2018

U.S. Environmental Protection Agency
Region 10, OWW-130
1200 Sixth Avenue, Suite 900
Seattle, WA 98101

RE: Updated Lost River Trout Hatchery NOI (NPDES Permit IDG130073)

We are updating (enclosed) our Notice of Intent (NOI) for Clear Springs Foods Lost River Trout Hatchery (NPDES Permit Number IDG130073). We are updating the drug and chemical table to account for the use of emamectin benzoate in feed to treat external copepods on trout. We are also updating to include our current rearing permit and facility map.

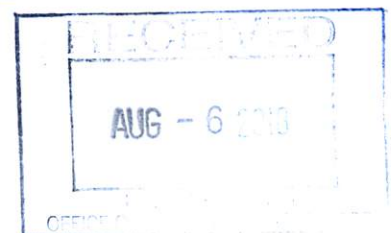
Thank you.

Sincerely,

John R. MacMillan, Ph.D.
Vice President

encl.

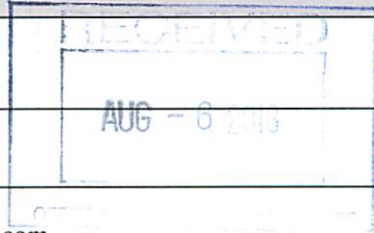
cc: IDEQ, Idaho Falls Region



**Notice Of Intent (NOI) To Operate
Under NPDES General Permit #IDG-130000 for
AQUACULTURE FACILITIES in Idaho Subject to Wasteload Allocations**

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from aquaculture activities in Idaho that are subject to wasteload allocations and obligates the operator (permittee) to comply with the terms and conditions of the permit.

Facility Owner/Operator Information

Operator's Name (Permittee): Clear Springs Foods, Inc.	Phone: (208) 543-3462	
Address: Clear Springs Foods, Inc. P.O. Box 712 Buhl, ID 83316	Fax: 208-543-4316	
	E-Mail Address: randy.macmillan@clearsprings.com	
Owner's Name: Clear Springs Foods, Inc.	Phone: (208) 543-4316	
Address: Clear Springs Foods, Inc. P.O. Box 712 Buhl, ID 83316	Fax: (208) 543-4146	
	E-Mail Address: randy.macmillan@clearsprings.com	

Facility Information

Facility Name: Lost River Trout Hatchery	Phone: (208) 735-3773
Address: 5795 W 5000 N Mackay, ID 83251	Fax: (208) 543-4146
	E-Mail Address: randy.macmillan@clearsprings.com
	County: Custer
Facility Manager (or Contact) and Address: John R. MacMillan (Contact) Clear Springs Foods, Inc. P.O. Box 712 Buhl, ID 83316	Phone: (208) 543-3462
	Fax: (208) 543-4146
	E-Mail: randy.macmillan@clearsprings.com
Facility Latitude (New Permittees Only): (to closest 15 seconds):	Facility Longitude (New Permittees Only): (to the closest 15 seconds):
NPDES Permit No: IDG 130073	Commercial Fish Rearing License Number: (include a copy of the license with this notice) No. 232
Other Numbers(s) Assigned to Facility & Source Waters: Water Right No 34-7034	Date Facility was first operated, if known: <u>Unknown</u>

Operations & Production Information**Rearing Units:**Number of concrete raceways: 24 area: 37,568 sq.ft.Number of earthen-bottomed ponds: 0 area:**Waste Management System:**

Offline settling basins:

Number of basins that discharge: 0 area:Number of basins that do not discharge: 0 area:Number of full flow settling basins 2 area: 7,200 sq.ftNumber of quiescent zones: 0**Other:**Number of laboratory outfalls: 0Number of other outfalls (explain): 0

Total Number of Outfalls:

Raceways: 24FFSBs: 2OLSBs: 0Other: 0

Project the number of operating days for the facility on a monthly basis throughout the calendar year:

Month	01	02	03	04	05	06	07	08	09	10	11	12
# of Days	31	29	31	30	31	30	31	31	30	31	30	31

Amount of Fish Produced

List the species of fish produced at your facility. For each species, include projected yearly gross harvestable weight in pounds produced (contained, grown, or held) for the five year term of the permit, based upon historical operations, planned changes, and/or design capacity.

Species:	Year One	Year Two	Year Three	Year Four	Year Five
Rainbow Trout	25,000	30,000	35,000	40,000	50,000

Project the Feed Usage in next 5 years (in pounds)

Average Pounds per Month: 10,000 Average Pounds per Year: 120,000Maximum Pounds per Month: 10,000 Maximum Pounds per Year: 120,000**Drugs, Disinfectants & Other Chemicals**

List all projected chemicals & maximum daily amounts expected to be used in next 5 years (use an attachment, if necessary).

Put an asterisk (*) next to those that are Investigational New Animal Drugs (INADs)

Attachment #1

Operations & Production Information**Rearing Units:**Number of concrete raceways: 24 area: 37,568 sq.ft.Number of earthen-bottomed ponds: 0 area:**Waste Management System:**

Offline settling basins:

Number of basins that discharge: 0 area:Number of basins that do not discharge: 0 area:Number of full flow settling basins 2 area: 7,200 sq.ftNumber of quiescent zones: 0**Other:**Number of laboratory outfalls: 0Number of other outfalls (explain): 0

Total Number of Outfalls:

Raceways: 24FFSBs: 2OLSBs: 0Other: 0

Project the number of operating days for the facility on a monthly basis throughout the calendar year:

Month	01	02	03	04	05	06	07	08	09	10	11	12
# of Days	31	29	31	30	31	30	31	31	30	31	30	31

Amount of Fish Produced

List the species of fish produced at your facility. For each species, include projected yearly gross harvestable weight in pounds produced (contained, grown, or held) for the five year term of the permit, based upon historical operations, planned changes, and/or design capacity.

Species:	Year One	Year Two	Year Three	Year Four	Year Five
Rainbow Trout	25,000	30,000	35,000	40,000	50,000

Project the Feed Usage in next 5 years (in pounds)

Average Pounds per Month: 10,000 Average Pounds per Year: 120,000Maximum Pounds per Month: 10,000 Maximum Pounds per Year: 120,000**Drugs, Disinfectants & Other Chemicals**

List all projected chemicals & maximum daily amounts expected to be used in next 5 years (use an attachment, if necessary).

Put an asterisk (*) next to those that are Investigational New Animal Drugs (INADs)

Attachment #1

Description of Discharge

Provide a drawing of your operation on the back of this sheet, or attach a separate sheet. **Attachment #2**

Show all outfalls & monitoring locations.

Include all waste stream discharges (e.g. tailraces, settling basins, fish tagging operations, laboratories, leaks)

Attach map

Include an area map based upon a map of the US Geologic Survey (USGS) with a scale of at least 1:24,000.

Show water sources, points of influent to and discharge from the facility. **Attachment #3**

Water sources should include water right numbers.

Name(s) of Receiving Water to which Facility Discharges: Warm Springs Creek

Which TMDL or watershed plan provides your wasteload allocation? Big Lost River Watershed Sub-basin Assessment and TMDL 2004.

What is the pollutant(s) allocated? TSS Settleable Solids

And amount(s) allocated? Net TSS Ave. Monthly 2.0 mg/L and Max Daily 2.0 mg/L; Net TSS during pond cleaning Max. Daily 5.0 mg/L; settleable solids, 2.0 mg/L; Temperature comply with state cold water aquatic life and salmonid spawning

Name of Larger Stream/River Downstream: Mackay Reservoir


Water Sources & Flow through the Facility & Time Period

For each source, indicate minimum & maximum flow and the period in which that source contributes the flow (e.g., 12 cfs minimum, & 15 cfs maximum between June 15 & September 30 in a typical year from True Springs)

Primary Source: Hamilton Springs	Min Flow: 19 cfs	Max Flow: 23 cfs	Period: Jan. 1 - Dec. 31
Secondary Source:	Min Flow:	Max Flow:	Period:

Signature & Certification by authorized representative for permittee (see Section VII.E of the Permit):

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature: 	Title/Company: V.P. Research, Technical Services and Quality Assurance	
Print Name: John R. MacMillan	Date: August 2, 2018	Check One: Owner _____ Operator _____ Authorized Rep <i>X</i>

CLEAR SPRINGS FOODS INC
PO BOX 712
BUHL, ID 83316

Issued: January 26, 2018

Issued By: DEBRA LAWRENCE, DVM



State of Idaho
Department of Agriculture
Boise, Idaho

LICENSE# 232

Commercial Fish Rearing License

THIS IS TO CERTIFY that CLEAR SPRINGS FOODS INC acting as an agent for LOST RIVER BROOD FARM is licensed in accordance with the provisions of Title 22, Chapter 46, Idaho Code.

AUTHORITY is hereby given and granted unto said licensee to engage in the said business within the State of Idaho, provided that said licensee shall fully comply with the provisions of the laws of this State.

Licensee is hereby permitted to possess, reserve, or propagate fish for the purpose of selling same on property located in: County: Custer State of Idaho.

This License shall be valid only for the following species of fish:

TROUT-RAINBOW



This license expires on the 1st day of February, 2020

A handwritten signature in black ink that reads "Celia R. Gould".

Celia R. Gould - Director of Agriculture

Drugs, Disinfectants & Other Chemicals

List all projected chemicals and maximum daily amounts expected to be used in next 5 years (use attachment, if necessary).

Put an asterisk (*) next to those that are Investigational New Animal Drugs (INADs).

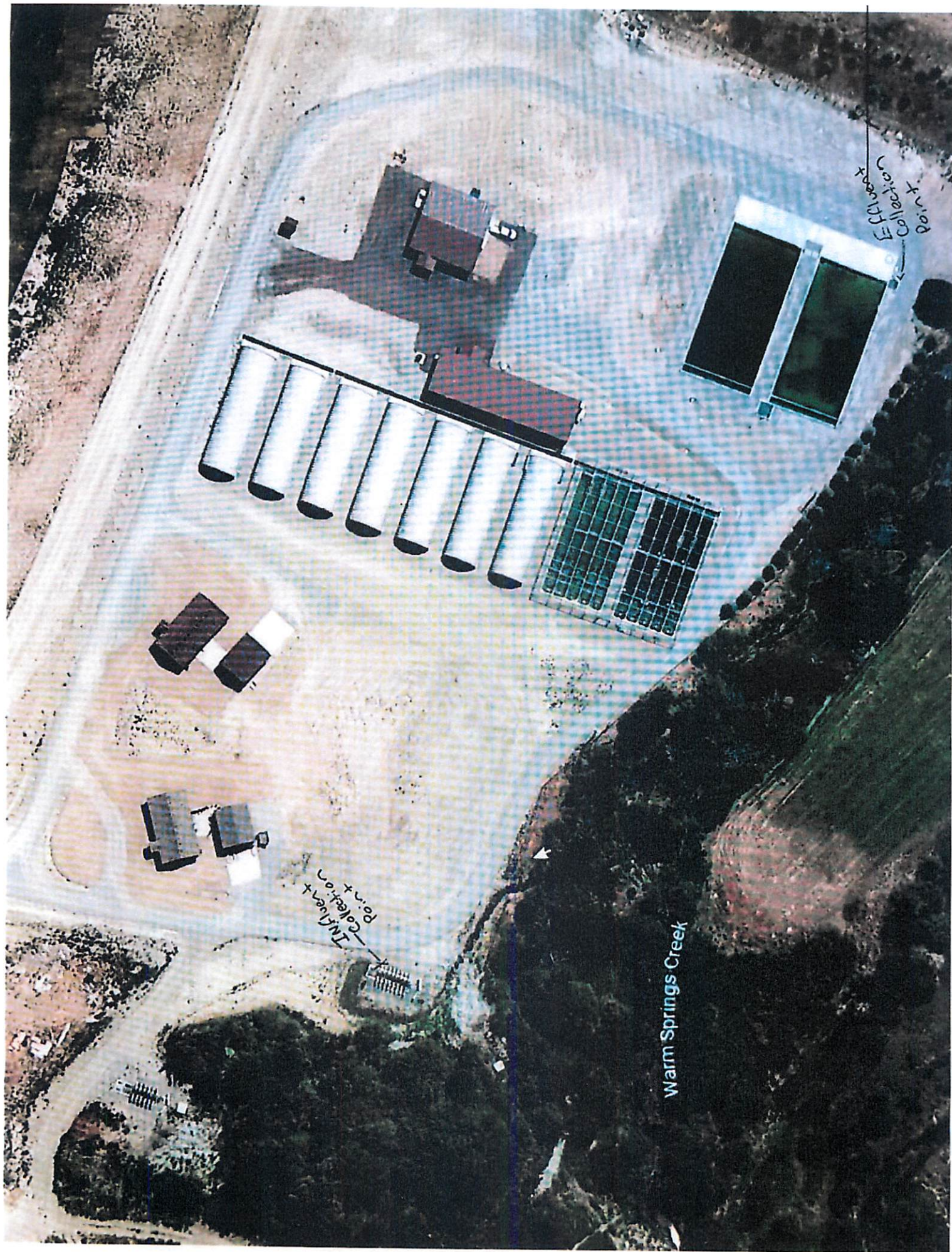
Name:	<u>Aquaflor Medicated Feed (florfenicol)</u>	Maximum daily amount to be used:	<u>2,000 grams</u>	Units
Method of application:	<u>Oral / Feed</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Bleach</u>	Maximum daily amount to be used:	<u>1 gallon</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Calcium Hypochlorite</u>	Maximum daily amount to be used:	<u>25 lbs.</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Carbon Dioxide (anaesthetic)</u>	Maximum daily amount to be used:	<u>60 lbs.</u>	Units
Method of application:	<u>Bath</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Chloramine T</u>	Maximum daily amount to be used:	<u>32,570 grams</u>	Units
Method of application:	<u>Bath / Drip / Flush</u>	Maximum amount in effluent:	<u>2,555 ppb</u>	Units
Name:	<u>Chlorohexidine (nolvasan)</u>	Maximum daily amount to be used:	<u>35 ml</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Copper Sulfate</u>	Maximum daily amount to be used:	<u>2.65 lbs.</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>< 30 ppb</u>	Units
Name:	<u>Citrine Plus</u>	Maximum daily amount to be used:	<u>1 gallon</u>	Units
Method of application:	<u>Drip / Flush</u>	Maximum amount in effluent:	<u>< 30 ppb</u>	Units
Name:	<u>Dermisan hand sanitizer (ethyl alcohol & isopropanol)</u>	Maximum daily amount to be used:	<u>35 ml</u>	Units
Method of application:	<u>Disinfectant</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Fish Vaccines</u>	Maximum daily amount to be used:	<u>Variable</u>	Units
Method of application:	<u>Injection / Bath</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Formalin (Parasite S)</u>	Maximum daily amount to be used:	<u>5 gallons</u>	Units
Method of application:	<u>Drip</u>	Maximum amount in effluent:	<u>550 ppb</u>	Units
Name:	<u>Hydrogen Peroxide 35%</u>	Maximum daily amount to be used:	<u>15 gallons</u>	Units
Method of application:	<u>Flush / Bath</u>	Maximum amount in effluent:	<u>1,650 ppb</u>	Units
Name:	<u>Iodine 1.75%</u>	Maximum daily amount to be used:	<u>0.1 lbs.</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Iodine PVP</u>	Maximum daily amount to be used:	<u>1.5 gallons</u>	Units
Method of application:	<u>Bath</u>	Maximum amount in effluent:	<u>45 ppb</u>	Units
Name:	<u>Licensed Veterinarian Prescribed Drugs</u>	Maximum daily amount to be used:	<u>Variable</u>	Units
Method of application:	<u>Bath / Oral</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Oxygen</u>	Maximum daily amount to be used:	<u>3,300 cu.ft.</u>	Units
Method of application:	<u>Bath</u>	Maximum amount in effluent:	<u>7.2 mg/l</u>	Units
Name:	<u>Potassium Permanganate</u>	Maximum daily amount to be used:	<u>5 lbs.</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>178 ppb</u>	Units
Name:	<u>Romet Medicated Feed (sulfadimethoxine & Ormetoprim)</u>	Maximum daily amount to be used:	<u>200 grams</u>	Units
Method of application:	<u>Oral / Feed</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Salt (NaCl)</u>	Maximum daily amount to be used:	<u>4,000 lbs.</u>	Units
Method of application:	<u>Flush / Bath</u>	Maximum amount in effluent:	<u>80,155 ppb</u>	Units
Name:	<u>Sodium Thiosulfate Pentahydrate</u>	Maximum daily amount to be used:	<u>50 lbs.</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Stericlean (sodium hypochlorite)</u>	Maximum daily amount to be used:	<u>500 ml</u>	Units
Method of application:	<u>Disinfectant</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>SuperSuds (isopropyl alcohol)</u>	Maximum daily amount to be used:	<u>500 ml</u>	Units
Method of application:	<u>Disinfectant</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Terramycin Medicated Feed (oxytetracycline)</u>	Maximum daily amount to be used:	<u>2,000 grams</u>	Units
Method of application:	<u>Oral / Feed</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Tricane Methane Sulfonate (MS-222)</u>	Maximum daily amount to be used:	<u>500 grams</u>	Units

Drugs, Disinfectants & Other Chemicals

List all projected chemicals and maximum daily amounts expected to be used in next 5 years (use attachment, if necessary).

Put an asterisk (*) next to those that are Investigational New Animal Drugs (INADs).

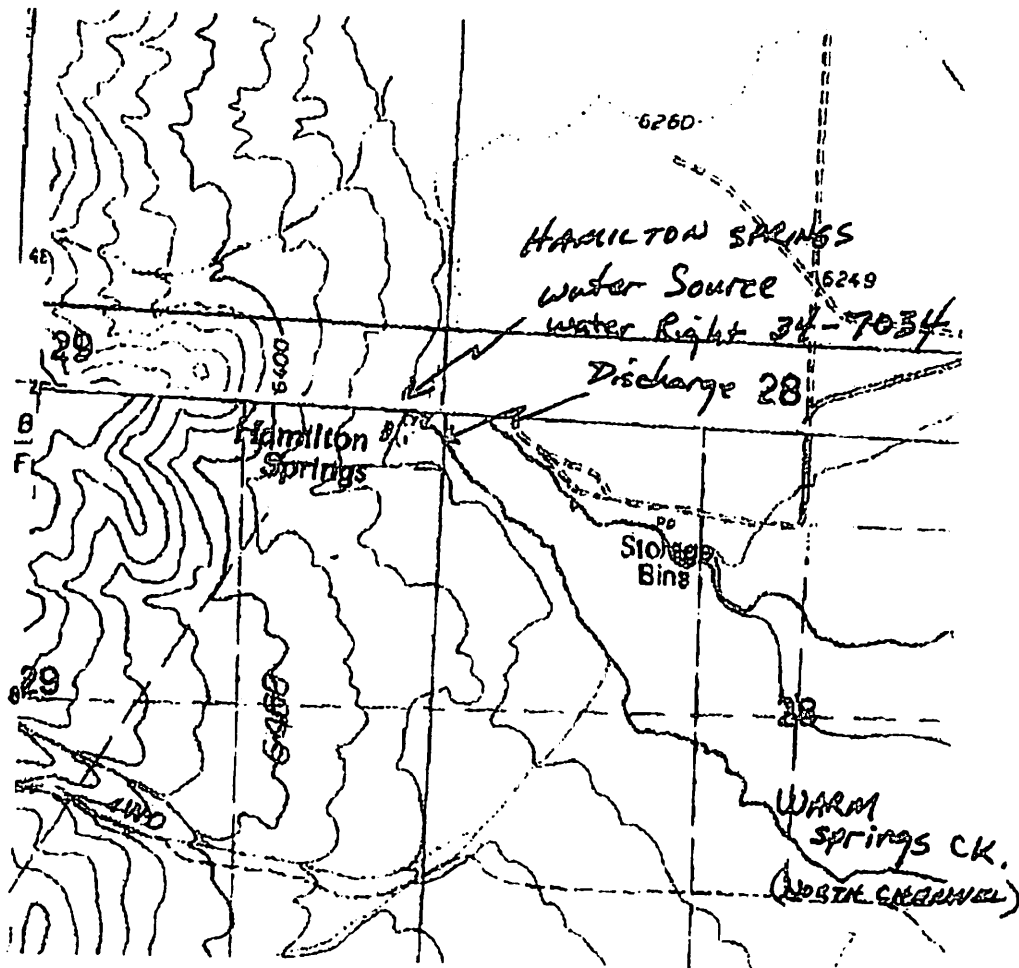
Name:	<u>Calcium Chloride Dihydrate (sperm extender component)</u>	Maximum daily amount to be used:	<u>3.65 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>0.29 ppb</u>	Units
Name:	<u>Dextrose (sperm extender component)</u>	Maximum daily amount to be used:	<u>17.01 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>1.34 ppb</u>	Units
Name:	<u>Glycine (fertilization diluent component)</u>	Maximum daily amount to be used:	<u>630 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>49.5 ppb</u>	Units
Name:	<u>Magnesium Sulfate (sperm extender component)</u>	Maximum daily amount to be used:	<u>3.85 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>0.29 ppb</u>	Units
Name:	<u>Penicillin-G Sodium (sperm extender component)</u>	Maximum daily amount to be used:	<u>5.09 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>0.4 ppb</u>	Units
Name:	<u>Potassium Chloride (sperm extender component)</u>	Maximum daily amount to be used:	<u>121.5 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>9.53 ppb</u>	Units
Name:	<u>Sodium Bicarbonate (sperm extender component)</u>	Maximum daily amount to be used:	<u>17.01 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>1.34 ppb</u>	Units
Name:	<u>Sodium Chloride (fertilization & sperm extender component)</u>	Maximum daily amount to be used:	<u>31.73 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>2.49 ppb</u>	Units
Name:	<u>Sodium Phosphate Monobasic (sperm extender component)</u>	Maximum daily amount to be used:	<u>6.89 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>0.54 ppb</u>	Units
Name:	<u>Streptomycin Sulfate (sperm extender component)</u>	Maximum daily amount to be used:	<u>20.25 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>1.59 ppb</u>	Units
Name:	<u>Tris (fertilization diluent component)</u>	Maximum daily amount to be used:	<u>406 grams</u>	Units
Method of application:	<u>Flush</u>	Maximum amount in effluent:	<u>31.9 ppb</u>	Units
Name:	<u>Oxytetracycline (injected into fish)</u>	Maximum daily amount to be used:	<u>1,000 ml</u>	Units
Method of application:	<u>Injection</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Penicillin G</u>	Maximum daily amount to be used:	<u>3000 ml</u>	Units
Method of application:	<u>Injection</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Ivermectrin</u>	Maximum daily amount to be used:	<u>150 ml</u>	Units
Method of application:	<u>Gauge</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:	<u>Emamectin benzoate</u>	Maximum daily amount to be used:	<u>10 grams</u>	Units
Method of application:	<u>Oral/Feed</u>	Maximum amount in effluent:	<u>Unknown</u>	Units
Name:		Maximum daily amount to be used:		Units
Method of application:		Maximum amount in effluent:		Units
Name:		Maximum daily amount to be used:		Units



USGS MAP NAME: LEHMAN BUTTE, ID

PAGE 1 OF 1

ATTACHMENT
3



Map Center N43.99842° W113.86188°